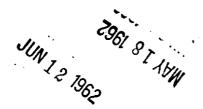
					ION OF HEAL	LTH — STAND	ARD CER	TIFICATE	OF DEATH	:	-62-0	17765
DO NOT WRITE		AENDED			: HEALTH AND WEL egistration District No	360Prim	ary Registration	District No62	25Registrar's No.	74	STATE FILE	NUMBER
ON THIS STUB		l l			. FLACE OF DEATH MAY						ed lived. If institution	on: Residence before edmission)
V\$ 300 Rev. 4/59	DATE AMENDED		1 1		vern	ON porate limits, give TOWNS	HIP only)	Length of stay in 18	a. STATE Miss	ouri	Webster	Inside Limits
	MEN				OP '	ngton Townsh		lyr./5mos/	ii Or	ymour		Yes][No 🗆
1080	ШĀ			_	HOSPITAL OR	OT in hospital, give locat		Inside Limits	d. STREET ADDRESS	(If or	itside, give location)	Reside on Farm
21120-	MA			_	HOSPITAL OR INSTITUTION St	ate Hospital	#3	Yes No]	Unknown		Yes 🗆 No 🏋
3			7		. NAME OF DECEASED (Type or print)	First		Middle	Last	4. DATE OF DEATH	Month Da	•
4 1				–,	SEV	Linda 6. COLOR OR RACE			ochran 8. DATE OF BIRTH	9. AGE (last bir	5	7 1962 (EAR IF UNDER 24 HR
5 /				_ a	. sex	W. COLOR OR RACE	7. Married X Widowed] Never Married [] Divorced [Martin D	
				10	a. USUAL OCCUPATION (10b. KIND OF	SUSINESS OR INDUS	, -,			OF WHAT COUNTRY
6	8	11			during most of working HOUSEWI	I.E.		se keeping		County, M	O. U.	S.A.
7 0	OFF OFF			13	• FATHER'S NAME David Philpo	t.t.		Annie Moble		1	. Cochran	¥IFE
8 2	AS F				. WAS DECEASED EVER	IN U.S. ARMED FORCES?	16. SC	CIAL SECURITY NO.		110 11	Address	
1 6/ 1	RF A			(Y 	es, no, or unknown) (If y				Hospital	records,	St. Hospita	l,Nevada,Mo.
10	⋖		Ξ		18. CAUSE OF DEATH (Enter only one cause per DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH
11	용		DOCUMENT			IMMEDIATE CAUSE (a)	Arte	rloscierot	ic Heart Dis	<u>ease</u>		yrs.
	A P		ğ		Condition	s, if any,) DUE TO (b	Gener	ralized Ar	terioscleros	is		vrs
12 43 - 0	HIS REC				which gav above ca	re rise to	·					
13/-0	┋╠┼	11	-		stating th lying cau	use last. } DUE TO (d						
	<u>ة</u>			TION	PART II.	OTHER SIGNIFICANT Codisease condition given in	ONDITIONS COI	NTRIBUTING TO DE	ATH but not related to	the terminal	PART III. If decease there a pre	ed was female was egnancy in last 90 days
	STS			FICA							<u> </u>	□ No □ Unknown
	AMENDWE		-	CERTIFICATION	19. WAS AUTOPSY 2 PERFORMED? YES \(\text{NO } NO	OB. ACCIDENT SUICIDI	HOMICIDE	20b. DESCRIBE H	HOW INJURY OCCURRED	. (Enter nature of i	njury in PART I or PAR	≀T II of item 18.)
7	N KEN				20c. TIME OF Hour	Moπth, Day, Year		<u> </u>				
¥ Ö	₹			MEDICAL	ÍÑJŪRÝ a.m. p.m.				·			
USE BLACK INK OR PEWRITER RIBBON					20d. INJURY OCCURRED WHILE AT WORK [NOT WHILE AT WO		OF INJURY (e.g. ictory, street, of	, in or about home, fice bldg., etc.)	20f. CITY, TOWN, OR	LOCATION	COUNTY	STATE
AC OR TER	READ				21. attended the dece		EWED	THE	BODY	tast sow him alive	5 -7-60	2
USE BLACIOR	0 8		1		Death occurred at-			m on	the date stated above, a		•	ne causes stated.
JSE PEW	апонѕ		٩ ٩		22a. SIGNATURE		ree or title)	/ // 0	22b. ADDRESS	. 0 1		22c. DATE SIGNED
	돐			<u> </u>	W.	edo M	my of	OF CEMETERY OF C	STOGE	3d LOCATION (CI	rodo, ello	57-69
	Ö	11	AFFIDA	23	a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 5/8/62		mour Cem.	I		ur, Mol	(State)
	ITEM N		AFF	-24	TEMOVAL		RESS		ATE RECD. BY LOCAL R	EG. 26. REGISTS	RAR'S SIGNATURE	0
	Ë		₽	B	ergman-Mil	<u>ler Seyn</u>	<u>nour, M</u>	o. 5-	-12-1962	in	ma & c	- Herry
							(Lice	nsed Embalmer's Stat	tement on Reverse Side)		=	//



with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	[[] [[] m.[]
Student	Signed Clareff Cond
Signature of Student Embalmer	Licensed Embalmer No. 4853
	P. O. Address Manufa, M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply